



Inside This Issue:

Director's Message
Page 1

Deputy Director Message
Page 2

Deputy Director Philosophy
Page 3

CNRC Update
Page 4

Career Development
Board Program
Pages 5-6

NC Graduate Programs
Pages 6-7

Specialty Leader Updates:
Active/Reserve
Components
Pages 7-13

Articles from the Fleet:
AC/RC
Pages 14-16

MHS Awards
Page 17

Bravo Zulu!
Page 18

Would you like the News
in your inbox?
Click [here](#) to be added to
the ListServ!

NCNEWS-REQUEST

**Nurse Corps
News Staff**

Design/Layout:

LT Randi Acheson (AC)
LT Nube Macancela (AC)
LT Barbara Kent (AC)
LT Ronald Rollon (RC)
LT Mary Sweeney (RC)

Editor:

LCDR William Westbrook
(AC)

Use these icons on each page
to find the NC milSuite site or
email the NC News team!



Nurse Corps News

Volume 14, Issue 6

October/November 2020

Director's Message



A Marathon Mindset and Resilience during COVID-19

Whenever I meet with Nurse Corps officers and others, individually, or during professional development interactions (e.g. Commander's Calls), I get questions about coping, work-life balance, stress management, and burnout. I am glad to be asked as these questions reflect the challenges inherent to the demands of uniformed service and the requisite caliber of our force.

My answer is always consistent, *"You'll need to find the thing(s) that work for you, but let me share my **approach** as a way to **think about** a mindset that may lead to potential solutions you can apply in the context of your life..."* I've had nearly thirty years of commissioned service to reflect on this subject, and I observe some common elements among the leaders I admire and respect (from both enlisted and officer communities). While this isn't a comprehensive discussion, here are a few things to think about and to hopefully encourage YOU to pursue and achieve *your best journey through life!* Wellness (physical and mental) requires a disciplined approach and an enduring commitment, with consistency over time. I am going to call it a **"Marathon Mindset"** because life really is an endurance sport, and as with long-distance running, personal achievement requires focus, flexibility, strength, courage, adaptation, and accommodation through its hills, highs, lows, setbacks, failures, and successes.

Whether you commit to running an actual marathon or commit to a "Marathon Mindset," you will need to do what long distance runners know to do. Pace yourself. Train—practice—improve. Find a friend who will train with you. Take water, food, and walking breaks. Rest when you're tired. Say "Hi" and engage with strangers along the way. You'll meet really amazing people who seem to be nothing like you.



Cynthia Kuehner, RDML, NC

Director, Navy Nurse Corps



You'll learn interesting things from them while you discover how much you actually have in common. Listen to music if it makes you calm. Take slow deep breaths when you experience discomfort or anxiety. Pay attention to your body, mind and heart; take time to recover from injuries (mental and physical). Practice an internal dialogue of positive self-talk and plan to succeed. Plan your route, but be patient with yourself; there are many paths to the finish line. Choose the one that works for you and builds your endurance. If the path you're on won't lead to your goals, admit it, and change course.

Hang in there! Together, we'll get through the challenges of COVID-19 and the disruption to our lives. It might feel like (or be) the toughest thing you've faced to date, but it might not be the toughest thing you will ever face in life. We have the inherent tools to emerge from the current challenges stronger, fortified, smarter, and *better-prepared* for the next challenge. We call that indomitable spirit **resilience**, and we can improve ours – individually *and* together!

Click [here](#) for full article.



Reserve Component: Deputy Director's Message



Eric Peterson, RDML, NC

**Deputy Director
Reserve Component**



Greetings Nurse Corps,

I am honored and humbled to serve as the 11th Deputy Director of the Navy Reserve, Nurse Corps. The ability to represent the finest nurses in the world motivates me every day! Navy Medicine has faced challenging times in the past year and continues to do so with the pandemic from COVID-19, Navy Medicine reorganization and Navy Reserve Medicine restructure. The Nurse Corps, both Active and Reserve Component have risen to the occasion with a very robust response. We have stepped up, and worked side by side with our Navy Medicine colleagues.

I salute all of you as you serve in your communities where your hospitals are seeing surges in patients across the nation, along with carrying out your duties in the Naval Service with such pride. You continue to lead the way across all aspects and levels of Navy Medicine, always with mentorship as a focal point for Corpsmen and fellow Shipmates. The impact of your leadership with humility and grace is amazing, and at times is not an easy job. With that

in mind, remember to lean on each other and to decompress with a friend or mentor you trust. It is just as important for each of you to take care of yourself, as you take care of your patients. Please continue to stay safe during these times. I look forward to the next couple of years as we take the Navy Reserve Nurse Corps to even greater heights. Hoping to see you around the Fleet in this upcoming year!~

Rear Adm. Peterson is a native of West Fargo, North Dakota. He enlisted in the Army in 1988 attending basic training at Fort Leonard Wood, Missouri. After attending Advanced Individual Training, he served as a combat medic in the 815th Medical Clearing Company, North Dakota Army National Guard. He completed his Bachelor of Arts in Nursing from Concordia College, Moorhead Minnesota and was commissioned in the United States Navy Nurse Corps in 1993 through the Nurse Candidate Program. He obtained a Master of Science in Nursing with a specialty of Family Nurse Practitioner from Concordia University Wisconsin in 2013. He is Board Certified as a Family Nurse Practitioner working actively in urgent care, holding certifications in emergency nursing and pediatric emergency nursing.

Peterson's shore assignments include Naval Medical Center San Diego as a staff nurse in the Emergency Department and Naval Hospital Camp Pendleton as a charge nurse in the Emergency Department. Affiliating with the Navy Reserve, his assignments included casualty receiving nurse, Fleet Hospital Minneapolis; casualty receiving nurse, assistant officer-in-charge, and headquarters award officer, Operational Health Support Unit Great Lakes; Officer-in-Charge, Expeditionary Medical Facility Great Lakes One Detachment November; and Executive Officer, Expeditionary Medical Facility Great Lakes One.

Command assignments include Expeditionary Medical Unit Camp Pendleton and Deputy Chief of Staff, Navy Reserve Expeditionary Medicine.

Peterson assumed the duties of Deputy Commander, Navy Medical Forces Command, Atlantic and Deputy Director Navy Nurse Corps Oct 2020.

Peterson's IA/Mobilization/Deployment assignments include Emergency Department team leader, Naval Medical Center, San Diego (2006); Department Head, Trauma, NATO Role 3 Multinational Medical Unit Kandahar Airfield (2010); Trauma Team senior nurse and director, Nursing Services, NATO Role 3 Multinational Medical Unit Kandahar (2014), both in support of Operation Enduring Freedom.

Peterson's awards include: Legion of Merit, Meritorious Service Medal (two awards), Navy Commendation Medal (six awards), Navy Achievement Medal (three awards), and various other campaign and unit awards.





Deputy Director's LEADERSHIP PHILOSOPHY

***Be Ready!!!** This is the whole reason we serve. It is incumbent on all of us, leaders and individual Sailors, to be ready to protect and defend our country. This includes, personal, professional, work, and family readiness. If one Sailor is not ready, that affects the whole. All Sailors need to be ready, professionally, to fill the billet they occupy and be competent to provide care to our war fighters!

***Be a continual example and model** of the leader you wish to be and see---**be a servant and humble leader.**

***Delegation to appropriate levels** helps us develop our future leaders.

***BE BOLD.** Allow your team to make mistakes and do not be afraid to make mistakes yourself. It is through our failures that we develop our strongest leaders. Own your mistakes and always inform the chain of command early.

***Safety should always be paramount** in your planning. We cannot mitigate or eliminate all risk, but we should strive to account for all risks and establish plans that mitigate those risks.

***Gift your experience!** We all have experiences, whether through our work (Civilian or Military) or private lives. Ensure, that as a mentor you are identifying and developing our future leaders. It is only through this development that we will leave the Navy a better place than we found it.

***Utilize resources wisely.** We are given a sacred trust from the American People and need to ensure we are using their resources wisely and ethically.

***Be uncomfortable!** Always learn, through whatever means you learn best but never stop learning. Take on the challenging jobs. If you are comfortable, you are not learning and growing! It is only through this that we grow and develop into better leaders and individuals.

***Be humble!** If you are the smartest person in the room, you are in the wrong room. Always surround yourself with people that challenge you, be humble to admit what you do not know. If you cannot admit what your knowledge gaps are and weaknesses are, you become a detriment to the Navy.

***Laugh!** Always have fun when you can. Life is too short to not have fun.

**NAVAL
RESERVE**
STAY STRONG



Nurse Corps News

Volume 14, Issue 6 ~ October/November 2020

Navy Recruiting Command (CNRC) Update



Shannon Evans, LCDR, NC

**Nurse Corps Program Manager
Medical Programs Accessions
(N314)**



Fiscal year 2020 has been a busy year for recruiting! The Navy Recruiting Command (NRC) focuses on bringing in new nurses from the civilian sector and enlisted reservists that have gained their Bachelor's

sioned! FY 2021 also started out strong, with over 20 applicants to the first November 2020 DA/DCO board. Applicants at this board include the civilian and Nurse Corps Reserve applicants applying for Active Duty directly into the Registered Nurse Anesthesia (RNA) Doctoral Education Program at USUHS. This is the first year this program has been offered through NRC and I wish all of the applicants the best of luck!



Millington, TN (05Oct20): LCDR Shannon Evans and LT Karrie Barbee, Program Managers at Navy Recruiting Command in Oct 2020/Released.

How you can help:

Thank you to the over 140 U.S. Navy Nurse Corps members that have volunteered this last year to interview applicants. You are vital in the interview process as each applicant requires one or more interviews by a Navy Nurse. If you are a LCDR and above and would like to conduct interviews by phone, FaceTime, or in person, email me to add you to the list. Your efforts help meet the Nurse Corps recruiting goal and build a stronger Nurse Corps.

CAPT Darling, Assistant Director for Career Plans, is also seeking motivated nurses, LCDR and above, that would like to be an active part of a Nurse Corps DA/DCO board, please email [CAPT Darling](mailto:CAPT.Darling).



Chicago, IL (October 2019): LCDR Kelso Sharp commissioning a member into the U.S. Navy at Talent Acquisition Onboarding Center (TAOC) Chicago/Released. Additional photo can be seen here: <https://gramho.com/media/2165006269776415210>.

Degree. For FY 2020, 41 Direct Accession (DA) Nurses and 69 Direct Commission Officer (DCO) (Reserve) Nurses have been commis-

The Recruiting Command also enlisted 75 Nurse Candidate Program (NCP) applicants in FY 20. For FY 21, there were a total of 154 applicants, sent to board for 60 quotas. Applicants selected for NCP receive initial grant of \$10,000, plus a stipend of \$1,000 per month for up to 24 months. All applicants earning a GPA of 3.0 or better can receive up to \$34,000 for either a four or five-year commitment to the Navy Nurse Corps after graduating nursing school.

Recruiting can be a very difficult job. There are not always Navy Nurses recruiting and our recruiters need your help to bring in well-qualified nurses. The applicants want to know more about what the Nurse Corps job entails. Recruiters will need your help to field questions either on an individual basis or at conferences.

Career Development Board (CDB) Program Update



Raymond Bonds, CDR, NC

CDB Program Manager

Assistant Program Manager

Amy Clark, CDR, NC



What Do Career Development Boards Mean to You?

Why are Career Development Boards (CDB) important? The truth is, the answers are endless. In fact, for every Nurse Corps Officer, the answer is unique to their career. As a certified registered nurse anesthetist (CRNA) and prior Registered Nurse Anesthesia faculty at Uniformed Services University, I have participated in numerous CDBs for the next generation of aspiring advance practice nurses. Important items I prefer to review are past military performance, academic preparation, critical care experience, the rigorous demands of the three year graduate program, and the high likelihood of being deployed as a CRNA. Another criti-



Beaufort, SC (08Oct20): CDB in progress with CDR Raymond Bonds, LT Lauren Solberg, LT John McDuffie, LCDR Eric Tobin, and CDR Ebony Ferguson. Photo taken by NMRTC PAO/Released.

cal con-

versation focused on is the timing graduate school attendance, and its potential to impact promotion opportunities.

To reiterate some of these themes, **CAPT Rhonda Hinds**, the Director of NC Graduate Programs stated, *"CDBs and the importance as it pertains to duty under instruction (DUINS): Timing is everything. CDBs allow the member's leadership to identify any areas that need to be addressed prior to application to the DUINS program. This includes ensuring PRDs are aligned, recommendations regarding retaking classes to strengthen grade point averages, review of GRE scores, etc. Oftentimes, applicants wait to prepare for DUINS. At that point, the applicant may not have enough time to adequately prepare. A well-timed CDB allows the leadership and member to develop clear lines of communica-*

tion and transparency that are necessary to facilitate a successful DUINS experience."

LT Lauren Solberg stated, *"My most recent CDB was a very informative open dialogue with three clinically diverse Nurse Corps Officers at my command. This board aligned my values and mission with a focus on my future as both a Nurse and Navy Officer. This valuable tool emphasized the importance of professional development as outlined in the new instruction related to continuing education and being operationally ready to deploy world-wide. Upon the closing of the board it was very evident that my career in the NC is being supported at all levels within and outside of my direct chain of command."*

From a Chief Nursing Officer (CNO) perspective, **CAPT Jeremy Hawker** stated, *"CDB's allow officers the opportunity to*



Career Development Board (CDB) Program Update (cont')

review their records, and address their professional goals and career milestones with experienced officers. As Chief Nursing Officer, it is critical we firmly establish and monitor our CDB programs to ensure our fellow Nurse Corps Officers are aware of how to navigate their careers and are provided every opportunity for success. We must ensure we develop robust CDB teams to guide this program, so our nurses are ready, relevant and resilient not only in the Nurse Corps but across Navy Medicine to safe-

guard our future."

In closing, every NC Officer should have a CDB during their tour. CDB's are vital to the success of everyone in our NC community! CDB's allow each nurse the opportunity to have their record reviewed while receiving feedback about clinical, administrative, or leadership areas to strive for. If you haven't had a CDB yet at your command, I urge you to seek out your Command CDB Coordinator so that one can

be scheduled for you. Most importantly, when you have the opportunity to have a CDB, be prepared with questions and get the knowledge you need to take control of your career!~



Nurse Corps Graduate Programs



Rhonda Hinds, CAPT, NC

**Head, Nurse Corps
Graduate Programs**



Nurse Corps Officers "Lead from the Front" as the Naval Medical Leader & Professional Development Command Sets Sail

On 31 July 2020, the Navy Medicine Professional Development Center (NMPDC) was designated the Naval Medical Leader and Pro-

fessional Development Command (NML&PDC), a strategic shift to better reflect the Command's current **mission statement** which is **"We develop leaders and their professional careers"** and the **Command's motto** is **"Leaders Developing Leaders."**

Located onboard Naval Support Activity Bethesda, Maryland, and home to four Nurse Corps (NC) billets, the command has ownership over many programs that directly influence all of Navy Medicine (NAVMED) and the ability of the Nurse Corps to meet mission requirements. Nurse Corps Officers serve as program managers and instructors for several critical training programs: Graduate Nurse Corps Programs, Navy Medicine Continuing Medical and Nursing Education Program, and the Advanced Readiness Officer Course. NML&PDC NC officers ensure the highest quality training from Subject Matter Experts, focusing on equipping Navy Medicine team to take care of warfighters both afloat

and ashore. From the Nurse Educator coordinating continuing education training for his or her colleagues, to the Perioperative Nurse providing clinical support in the operational setting, NML&PDC is training NC Officers to impact real-world operations each and every day.

Additionally, the command manages the Medical Enlisted Commissioning Program (MECP) and Nurse Corps Duty Under Instruction (DUINS) process to ensure our ranks are filled with highly talented and trained officers to meet operational demand signals. The team works closely with Career Planners, Specialty Leaders, and other leaders in Navy Medicine to ensure the right skill sets are available. Finally, the team manages the certification reimbursement process for Nurse Corps Officers that have gone the extra mile to become board certified in their area of expertise. The small cadre of NC Officers makes a noticeable daily im-



Nurse Corps Graduate Programs (cont')

pact on all facets of daily operations.

CAPT Barry Adams leads the command, and is uniquely qualified to discuss caring for the warrior from his firsthand experience, saying *"It all starts and ends with the concept that highly reliable sustained performance is constructed and maintained within a culture where leaders develop leaders."* The change reflects the focus on the critically-evolving requirement for ready, relevant learning, agile learning systems and processes, and seamless alignment of mission, values, and commitment among all components

within the Department of Defense.~

Submitted by:
CAPT Rhonda Hinds, NC
LCDR James Lager, MSC

Bethesda, MD (24Aug 20). CAPT Steven Parks (C), NML&PDC Executive Officer, CAPT Rhonda Hinds (R), Director for Officer Programs, and LCDR Lillian White (L), CME/CNE Program Manager, display the new command logo. (U.S. Navy photo by HM1 DeAndre Martin/ Released).



Specialty Leader Update: Education and Training (1903/3150)



Neva Fuentes, CDR, NC
1903/3150 Specialty Leader

Assistant Specialty Leader

David Antico, LCDR, NC



A year of disruptive change, 2020 has undeniably transformed our way of life. As our Professional Practice Model (PPM) reminds us, operational readiness is the cornerstone of our Corps and our adaptation in the face of adversity has been remarkable. Specifically, Bravo Zulu's to the teams led by **CAPT Laurie Chavez** (NMFSC), **CDR Joe Pinon** (NMTSC), and **CAPT Kim Zablan** (METC) for their work to keep Navy and Joint enlisted and officer training programs on-track despite social distancing requirements that affected face-to-face instruction and the loss of nearly all clinical training opportunities due to the Coronavirus Disease 2019 (COVID-19). Likewise, within the NMOTC domain, **CAPT Justice Parrott**, **CAPT Daniel Meyerhuber**, **CDR Matt McMahon**, **CDR Virginia Damin**, **LCDR Joshua Lange**, and **LCDR Jason Caldwell** ensured

operational and *Platform* training requirements were met using technology that supported remote or simulated learning in order to keep our most valuable asset, *People*, moving through the operational training pipelines. In the medical treatment facilities, education specialists like **CDR Shawn Passons** (NH Twentynine Palms), **CDR Suzanne Maldarelli** (USNH Yokosuka), **CDR Dana Dones** (NMC Portsmouth), and **LCDR Jeffrey Samuels** (NH Jacksonville) maintained staff education and training priorities or flexed their *Performance* to cover other critical areas in need. And to the Surgeon Generals point on *Power*. **LCDR David Antico** (NMCSO) supported Phase Zero operations in the Indo-Pacific region following COVID-19 support assignments aboard the USNS Mercy and USNS Comfort.



Specialty Leader Update: Education and Training (1903/3150) (cont')



"The more you sweat in peace, the less you bleed in war." This Chinese proverb aptly captures the essence of honing our nursing practice for operational readiness and exemplifies what we, the Nurse Educators (1903) and Education & Training Management Specialists (3150) are charged with every day. Our skill at educating and training our medical force, whether using Knowledge, Skills, and Abilities measures or Ready Relevant Learning methods, is critical to ensuring that the lethality of our Navy & Marine Corps team dominates any battle space. If you're interested in joining our team, check out our [1903/3150 milSuite page](#) and ref-

erence the [NC's Subspecialty Code Management Guide](#).

For those unfamiliar with the phases of joint operations, Figure V-7 is taken from Joint Publication 3-0, *Joint Operations*. As you reflect on your goals for the coming year, we encourage you to consider strengthening your [professional military education \(PME\)](#) knowledge IAW the Education for Seapower Strategy (2020) and the Officer Professional Military Education Policy (15 May 2020).~

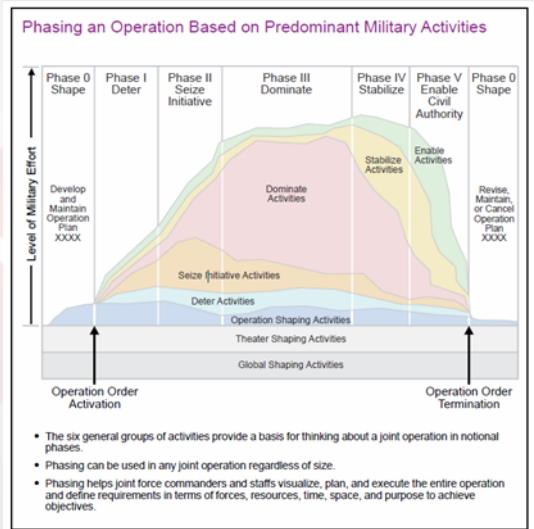


Figure V-7. Phasing an Operation Based on Predominant Military Activities

Specialty Leader Update: Nurse Anesthesia (1972)



Darren Couture, CAPT, NC

1972 Specialty Leader

Assistant Specialty Leader

Shane Lawson, CDR, NC



Alfred Thayer Mahan, was a United States naval officer, historian, and one of the most influential military theorist of the 19th century. The United States Navy used his doctrine well into the 21st century. Mahan argued that a nation's greatness was directly associated with the sea and its ability to freely use the sea for trade or warfare. China's attempt to militarize and exert control in the South China Sea is a real time example of one nation's attempt to gain power through control of the seas. Mahan went on to say that the mission of the Navy was to exert control over the sea while denying the enemies free use of the sea. However, the modern battle space, the area in which a force can detect, track and engage targets, has dramatically increased since Mahan's time. These changes resulted in a fleet spread over vast expanses of

ocean.

As operational leaders change tactics to meet the demands and distances of modern warfare, Navy Medicine is changing to meet the challenges of delivering health care to a fleet spread out over a large area. Navy Certified Registered Nurse Anesthetists (CRNA) are meeting the current operational medicine challenges through initial training resulting in independent and operationally ready practitioners, ongoing training requirements and standards, research that directly translates to the battle space, executing missions, and providing feedback for community improvement.

Navy CRNAs are trained to be independent and ready to deploy upon graduation; with many deploying within 12 months of training completion. Ensuring



Specialty Leader Update: Nurse Anesthesia (1972) (cont')



operational readiness rapidly upon graduation is positively impacted through paramount training opportunities offered at Uniformed Services University of the Health Sciences. Student Registered Nurse Anesthetists (SRNA) have the opportunity to attend Dive and Maritime Medicine, Wilderness Medicine, and Cold Weather/Avalanche training. These courses help SRNAs develop the four pillars of readiness: Clinical, Operational, Physical, and Emotional. Once in the fleet or MTF, CRNAs train to requirements set by operational needs and KSAs.

In addition to initial training, CRNAs sustain readiness and continue to improve care through ongoing research. **CDR Ken**

Radford, PhD, CRNA is studying the effects of peri-trauma analgesia/sedation on trauma memory and impacts on stress-related disorders. Additionally, he is working with our joint service partners, studying the safety and efficacy of disinfecting agents to re-use endotracheal tubes in resource constrained austere setting. This ongoing research will directly improve the care of the warfighter.

Most importantly, CRNAs stay relevant by remaining operationally ready and executing missions. In the past year, 25% of active duty CRNAs deployed, supporting eight aircraft carriers, nine fleet surgical teams, multiple special operations missions, CENTCOM expeditionary Medi-

cal Unit, and an expeditionary resuscitative surgical suite. In addition, CRNAs deployed in response to COVID 19 on the USNS Mercy (T-AH 20), USNS Comfort (T-AH 20), Spain, Acute Care Team Lima in Texas and Africa, and Ventilatory Support Teams onboard the USS Fitzgerald (DDG 62) and USS Ronald Reagan (CVN 76). After action reports from these missions will be utilized to improve initial training, sustainment training, and ongoing research.

[WE ARE NAVY CRNAs, WE ARE THERE!~](#)

(Click above for DVIDS video on CRNAs)

Specialty Leader Update: Maternal Infant and Neonatal Critical Care (1920/1964)



Colleen Blosser, CDR, NC

1920/1964 Specialty Leader

Assistant Specialty Leader

Tiffany Harriman, LCDR, NC



COVID-19 has been demanding for the maternal infant & neonatal critical care communities as the obstetric and neonatal populations remain unchanged while other requirements have increased. Some hospitals have reached record delivery numbers (e.g., Naval Medical Center Camp Lejeune reached a monthly delivery rate of 182 – a number not seen there in more than two years). Even with this high demand level, our communities are doing an excep-

tional job delivering high quality care and connecting with our patients despite the physical barriers and other challenges presented by COVID-19. Our nurses remain agile and adaptive in the face of evolving policies that reflect continually emerging evidence and fluid guidelines from the CDC, AAP, AWHONN, and ACOG.

In addition to agility, our nurses have shown great versatility. Members of the 1920 and 1964



New York, NY (March 2020): LT Lauren McMullan explains EKG machine functions to ENS Schmied during a skills fair on the USNS Comfort. Photo taken by the ship's PAO/Released.

communities have proven their value in the operational environment during deployments on the USNS Comfort, USNS Mercy, and Expeditionary Medical Facilities. 1964 nurses have demon-



Nurse Corps News

Volume 14, Issue 6 ~ October/November 2020

Specialty Leader Update: Maternal Infant and Neonatal Critical Care (1920/1964) (cont')



Camp Lemonnier, Djibouti (May 2020): LT Kelsey Mikkelsen starting an IV on HM3 Mercedes Stout during a demonstration at the Michaud Expeditionary Medical Facility. U.S. Air Force photo by Master Sgt. Brok McCarthy/Released.

strated that the community continues to be a viable substitute for 1960 operational billets, with seven substitutions thus far in support of COVID-19 operations. Although the 1920 and 1964 specialties are not traditionally included as critical wartime specialties, their unique experience in the MTF – including airway management, emergency surgery preparation and transport, acute treatment of hemodynamic changes, and emergent massive blood transfusion in a high stress environment – is being shown to provide Navy Medicine additional options to meet its operational mission.

The 1920 and 1964 communities continue to be required to meet the mission. Our 1920 and 1964 nurses have raised concerns about the future of both communities. For the 1920 community, there are no current plans for significant down-sizing or dissolving of the community. While historically overmanned, the 1920 community is currently undermanned, with 151 allotted billets and 139

nurses in inventory. The 1964 nursing community is currently overmanned, with 32 billets and 41 in inventory. In the coming months, we will be scrutinizing our 1964 records to determine if this is an accurate representation of our community manning and to be prepared for forthcoming manpower discussions.

The 1920 community is doing an exceptional job with core competency completion. For the first time in the community's history, a 1964 Core Competency has been developed to standardize training for all NICU nurses across the enterprise.

Finally, we are excited to welcome our DUINS students back to the fleet:

1964s who graduated with their DNP, Neonatal Nurse Practitioner

- ♦ **LCDR Brandi Gibson**, headed to NMRTC San Diego
- ♦ **LT Kristi Dixon**, headed to NMRTC Camp Lejeune

1920s graduating with their MSN, Family Clinical Nurse Specialist

- ♦ **LT Joshua Womack** – headed to NMRTC Portsmouth
- ♦ **LCDR Papadakos** – headed to NMRTC Guam~



Camp Pendleton, CA (August 2020): LCDR Tiffany Harriman, LT Victoria Vuong, HN Carlos Gonzalez, and HN Tyler Yensen participating in the EMF Kilo Operational Readiness Evaluation. Photo taken by U.S. Navy LT Lindsey Snyder/Released.

Nurse Corps News

Volume 14, Issue 6 ~ October/November 2020

Specialty Leader Update: Maternal-Infant-NICU/Nurse Midwives (1981/1920/1964)



Ann Mortara, CDR, NC

1920/1964 Specialty Leader

1981 Assistant Specialty Ldr

Reserve Component



The 1981, 1920 and 1964 communities are busy and staying strong during this COVID-19 pandemic. Sailors and civilians alike have not stopped having babies during COVID. Midwives, labor and delivery nurses, as well as neonatal intensive care nurses care for patients with their masks on! There have been several modified processes for our communities in relation to the COVID-19 environment. First, patients are screened and tested for the virus and precautions are followed

based on the results. Second, a majority of hospitals have a stringent one visitor policy in the labor and delivery and postpartum units. These new processes have been difficult on patients but our nurses are trying to make it a positive experience for all.

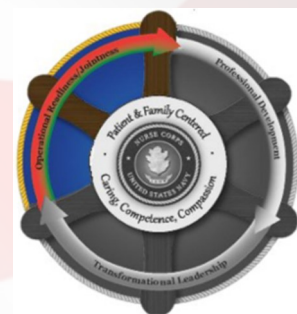
Our SELRES members are dedicated to both their civilian employment and Navy responsibilities. They meet their Navy requirements by completing their GMTs, addressing their medical readiness, and executing their clinical hours to be mission ready.

We have several nurses in these communities who hold leadership roles at the unit level, as well as several others who hold national level collaterals. Other nurses in these communities are currently pursuing graduate-level education. We deployed 2 midwives, 6 labor and delivery nurses, and 1 neonatal intensive care nurse for COVID-19 related missions.

Furthermore, some nurses are currently supporting local MTFs to enhance their operational capabilities. A testament to our skills and knowledge, the deployed 1920 nurses stepped up to the plate and did an amazing job dur-

ing their deployments, working outside of their specialties in multi-service wards. The mobilized 1964 nurse jumped into the ED and ICU and worked right alongside fellow nurses, ensuring quality care delivery to all. Lastly, the 1981 nurses provided triage support at the ED front lines.

One of my biggest priorities as Specialty Leader was to initiate open communication with our Active Duty counterparts in the Midwife and Maternal-Child communities. In Spring 2020, there was a 1981 teleconference for both AC and RC, and there have been monthly teleconferences with the AC 1920/1964 specialty leaders. Facilitating this open dialogue between components creates an important "one Navy, One Team" approach that fosters positive changes among our respective communities.



Nurse Corps News

Volume 14, Issue 6 ~ October/November 2020

Specialty Leader Update: Pediatrics and Pediatric Nurse Practitioner (1922/1974)



Kari Johndrow-Casey, CDR

1922/1974 Specialty Leader

Assistant Specialty Leader

Rhys Parker, LCDR, NC



The Navy Nurse Corps pediatric community is comprised of pediatric nurses, pediatric nurse practitioners and pediatric clinical nurse specialists. Locations of duty encompass continental U.S., Europe, and the Indo-Pacific region.

What exactly do our pediatric nurses do in the clinics?

Many of our pediatric nurses have extensive inpatient experience. Some of our pediatric nurses will transition into outpatient care and quickly adapt to the Medical Home Port model of care. Often times they will be dual-hatted as pediatric nurses and clinic managers. Historically, our pediatric nurses lead clinic staff through a flurry of activity while providing expert and compassionate care to our youngest beneficiaries. Managing access-to-care, optimizing resiliency of staff, and enhancing the patient experience are daily feats. Most recently, many have additional roles in leading the delivery of care during the COVID-19 pandemic via acute respiratory clinic on top of

their daily duties.

Today it is my sincere pleasure to highlight a pediatric nurse
LCDR Tiffany Lau, NC, USN.



MEMBER SPOTLIGHT!



LCDR Lau currently serves as the Clinic Manager and Division Officer within the Pediatric Clinic at U.S. Naval Medical Readiness Training Center Okinawa, Japan. LCDR Tiffany Lau was recognized for best practice of directing calls to parents of patients the day before scheduled appointments within the Pediatric Medical Home to verbally screen for COVID-19 symptomology resulting in higher-fidelity of infection control processes while simultaneously reducing no-show rates. Additionally she created the “Pediatric Appointments Snapshot Tool” which provided a reference for staff coordinating appointments which assisted in timely education of staff that are directly involved in coordinating appointments during the current pandemic. This tool helped stratify which location of care was optimal (primary care vs acute respiratory clinic). She also actively managed pediatric staff resources to effectively provide the acute respiratory care clinic line of effort with experienced Hospital Corpsmen and pediatricians, all while managing the busy pediatric clinic that serves 6000+ beneficiaries. LCDR Lau also effectively furthered partnerships by working with Department of Defense Educational Activities on Okinawa by providing expert opinion on learning evaluations prior to the return to brick and mortar lessons. She leads with compassion while ensuring her team of Hospital Corpsmen are learning while preparing for operational duty.

This vignette of LCDR Lau’s activities demonstrates what pediatric nurses do best...Leading, Loving, and Learning!~



Nurse Corps News

Volume 14, Issue 6 ~ October/November 2020

Specialty Leader Update: Pediatrics and Pediatric Nurse Practitioner (1922/1974)



Myra Cleary, CDR, NC

Reserve Component

1922/1974 Specialty Leader



As we enter a new winter season, rising COVID-19 infections continue to be in the spotlight. Pediatric nurses and nurse practitioners play an important role in managing chronic conditions. We also act as advocates to promote optimal health in children by recognizing the importance of holistic care; family units and communities contribute to healthy children. As sailors, we are proud to support our war fighters by delivering healthcare to minor dependents.

The 1974 Navy Reserve Pediatric Nurse Practitioner sub-specialty is proud to report 100% manning. Our nurses serve in different workplace settings to include outpatient ambulatory clinic, inpatient units, pediatric intensive care units, school health, pediatric psych mental health and as nursing instructors. Pediatric nurses and nurse practitioners have been called upon to assist during the COVID-19 pandemic. Our ability to adapt and serve at a moment's notice is just one of our many attributes. It is a pleasure to serve and an honor to represent our pediatric nurses and nurse practitioners in the Navy Reserve Nurse Corps.

Two 1974 Nurse Practitioners are highlighted here:



CDR Caños, a pediatric nurse practitioner, works in the neurology department at Dayton Children's Hospital. His previous role as a medical waiver reviewer for Accessions, Qualifications, and Standards (AQS) at BUMED met the Surgeon General's mission to "Get to Yes." He also served as the Interim Senior Medical Waiver Authority at Navy Recruit Command, and guided the transition to a standardized medical waiver program. He collaborated with 39 Navy Specialty Leaders in developing an initiative to introduce point of care support tools to improve return to duty and warfighter deployability of service members. His work contributes to greater Navy readiness.



LCDR Johnson fulfills a non-traditional Navy career, starting as a pediatric nurse to leading as a medical provider. She led several field exercises, providing medical training and instruction to exercise participants to increase medical capabilities and knowledge. She was recently deployed with EMF Bethesda in support of COVID-19 mission, serving as one of the providers at the Javits Center. She wears the uniform proudly, and seizes opportunities that bring challenges.



COVID-19 Novel Approach: Main OR Negative Pressure Ante-Room

Submitted by:

LCDR Samina Wilson, NC
MOR Education Training Officer
Naval Medical Center San Diego

It is with great pleasure and honor that I recognize **LT Ryan Gallant** for his passion and dedication to the utmost focus and quality work as one of our Perioperative Staff Nurses and Supply Officer as his primary role to Naval Medical Readiness and Training Command (NMRTC), Main Operating Room (MOR), Sterile Processing Department (SPD), and ancillary support to Post Anesthesia Care Unit (PACU). LT Gallant's skills have surpassed his job's daily assignments in the Main Operating leading to greater outcomes impacting Defense Health Agency (DHA) medical facilities during these trying times with COVID-19 Pandemic.

LT Gallant developed a Negative

Pressure System in the MOR to anticipate COVID-19 positive and patients under investigation which include five MOR rooms, leading to ongoing successful MOR surgical cases, preventing long term decrease in surgical services. His novel approach to the COVID-19 environmental isolation minimized the hazards of aerosol-generating procedures and positive COVID-19 to providers and staff. As a result, DHA adopted his Negative Pressure Ante-Room configuration implementing it in 15 military treatment facilities as an innovative model for safety to patients, providers, and staff.

With exceptional professionalism and unrelenting perseverance, LT Gallant ensured and maintained safety par levels of personal protective equipment to over 200 staff and 5,748 patients ensuring safety awhile providing comfort and an environment of trust, continuing mission

focused surgical services. LT Gallant rose to the innumerable challenges presented in regards to supply chain continuity, COVID-19 disruptions, increased operational caseload, and fiscal constraints. His services eliminated surgical backlog and provided patient care compared to institutions with limited capacity. On top of impacting patient safety, with true compassion and safety, LT Ryan Gallant has dedicated numerous hours ensure protection of nurses and providers within the MOR and Labor and Delivery MOR, positively impacting Surgical Services of NMRTC and DHA. ~



Reserve Nurse Corps hold Virtual TNCC (Trauma Nursing Core Course)

Submitted by:

CAPT Pamela Kilmartin, NC
BUMED CRNA
Specialty Leader Reserve Corps

As COVID-19 has changed so many things in our lives this year, including the cancellation of 19 TNCC Provider courses planned for FY20; Navy Reserve Naval Medicine Forces Support Command (NR-NMFSC) quickly adapted to ensure training and deployment readiness remained top priority.

As a measure to address the reduction in course availability, the Emergency Nurses Association (ENA) has temporarily allowed TNCC to be delivered via videoconferencing. What started out as a small, stop-gap

solution, has now resulted in a proven capability to train nurses globally. **LCDR Caroline Collins** and eleven NR-NMFSC TNCC Course Directors championed the adaptation of in-person curriculum, offering the first Navy Medicine Virtual TNCC Course. The cadre quickly grew to 20 instructors, who have contributed to the successful execution of three Virtual TNCC Provider Courses resulting in the trauma certification of 59 Reserve Nurses Corps Officers.

In efforts to continue conducting mission essential training to the maximum extent possible, while minimizing risk to participants and instructors, NR NMFSC will offer TNCC Provider Courses via videoconferencing during the beginning of FY21. The upcoming courses are scheduled for 9-11 December and

4-6 February.

Special thanks to NR NMFSC Virtual TNCC Instructor Cadre for their dedication and countless hours to ensure the successful delivery of trauma training:

CAPT Tamberlynn Baker, CAPT Trent Friedel, CAPT Lori Karnes, CAPT Pamela Kilmartin, CAPT Maria Moreno-chow, CAPT Julie Wetmore, CDR Brian Biggie, CDR Andrew Craig, CDR Jon Johnson, CDR Jason Williams, LCDR Trevares Baker, LCDR Dianna Chamberlain, LCDR Ranata Simmons, LCDR Courtney Walker, LCDR Jenna Wenzel, LCDR Alesandra Ziegler, LT Kendra Belcher, LT Cameron Cushenbery, LT Amanda Davis, LT Jennifer Kime.~



Reserve Component Spotlight: Family Nurse Practitioner (1976)

Submitted by:
CAPT Catherine Durham
Senior Nurse Executive
NR NMRTC Jacksonville

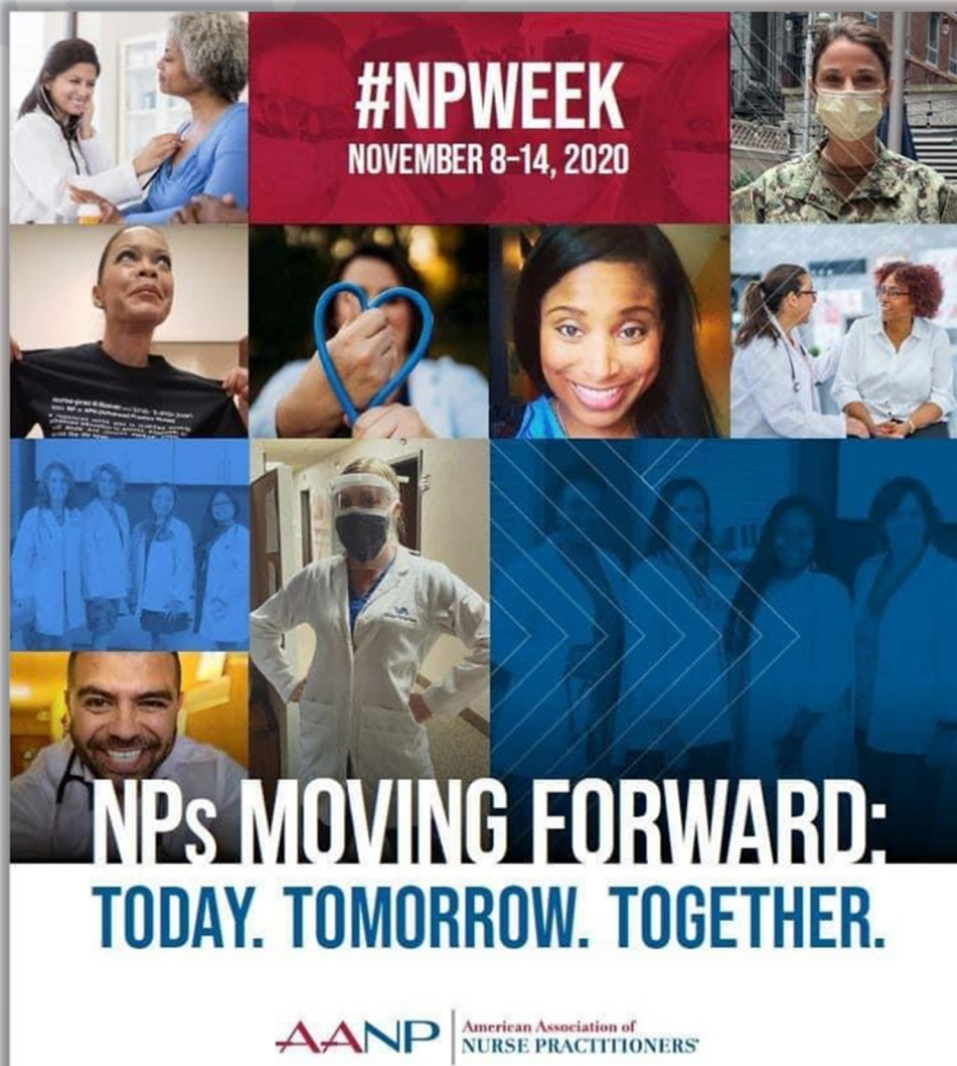
LCDR Diana Corley was deployed to NYC as a member of the Navy Medical Response Team for COVID-19 relief. She currently serves as the Command Training Officer for Navy Reserve Navy Medicine Readiness Training Command Bethesda (formally OSHU Pensacola).

LCDR Corley was recently featured in American Association of Nurse Practitioners poster campaign for nurse practitioner week. She is an Advanced Practice Registered Nurse and Board-Certified Family Nurse Practitioner with a total of 22 years of healthcare experience. She has broad experience in a multitude of settings to include primary and hospice care, bariatric management, academia and geriatrics. Her robust nursing experience and advance practice family nurse practitioner background have helped her set excep-

tional care to all patients. She has taken on roles and responsibilities that give her capabilities to efficiently lead and operate for Navy missions around the world, adhering to the principles of mission ready.



**NAVAL
RESERVE**
STAY STRONG



EMF Jacksonville Newly Named and Operationally Ready

Submitted by:

CAPT T. G. Friedel, NC
CRNA, NAVOPSPTCEN Shreveport

EMF Dallas re-designated to EMF Jacksonville with the recent realignment of Navy Medicine. EMF Bethesda and EMF Camp Pendleton recently deployed to support the DoD COVID-19 pandemic response in New York, the West Coast, and the USS Theodore Roosevelt in Guam. In addition, both hospital ships USNS Mercy (T-AH-19) and USNS Comfort (T-AH-20) departed their homeports and assisted with COVID-19 relief in Los Angeles and New York, respectively. The mobilization of all these medical assets pushed the normal EMF rotation up for other EMFs.

EMF Jacksonville moved to tier 1 status at the beginning of the fiscal year and immediately started preparations to certify as a ready and mobilizable unit. 130 Navy Medical personnel embarked for training at NEMTI on board Camp Pendleton for the unit's operational readiness exercise (ORE). Approximately 20 construction Battalion personnel from CB 303 based in San Diego, CA augmented the group. It was further supplemented by CB 202 personnel and reservists. The two-week annual training was coordinated in an impressive 90-day lead timeframe, a credit to the OIC of the evolution **LCDR Sara Enyart**.

The group started training on 24 October and moved onto the grounds of Navy Expeditionary Medical Training Institute

(NEMTI) to assume field conditions for the Hospital build.

Living in SEA huts and enjoying MREs were the daily grind for the first few days until the hospital build was complete. After completing the build, the group was divided into functional areas and filled the 50-bed hospital with supplies and equipment in preparation for their ORE. Practice sessions the day before the exercise included training on a multitude of functional area gear including, but not limited to, litter bearer and patient movement, ventilator use, corpsmen suturing and familiarization with SOP's. On Monday, 2 November, the EMF was evaluated on their readiness by staff evaluators by continually stressing the hospital with mock casualties and other simulated emergencies. After passing the ORE, the unit underwent training in BLS, HMSB, and command guided and required GMTs.



EMF Jax ORE Nurse Corps Officers in front of CASREC

EMF Jacksonville now resides at the tip of the spear ready, and is able to answer the call to mobilize if needed. Nurse Corps officers were present in nearly all functional areas and assumed many of the leadership positions. **CAPT Michael Coffel, NC**, USN currently leads the unit. CAPT Coffel had the following comments on the evolution:

"Our leadership team was selected, and they organized and planned this mission in 90 days. They were able to coordinate with NEMTI staff and CB 303 to make this exercise a reality. They quickly formed on arrival and teamwork and clear communication was paramount in our success. I'm extremely proud of my team and the leadership we put forth both in planning and the ORE."



2020 Military Health System (MHS) Military and Civilian Nursing Leadership Excellence Award

The MHS award honors military and federal civilian registered nurses, who have demonstrated exemplary leadership and skill, thereby contributing to the improved image and practice of professional nursing and covering a lifetime of achievement. Each service (USN, USA, USAF) held a board to nominate 5 Junior and 2 Senior Military and Civilian Nurses to compete at a Joint Board. The Joint Board selected a winner in each category for each service.

A total of 28 Navy nominations were received: 12 for the Senior Military category, 12 for the Junior Military category and four for the Senior Civilian category.

Please visit [milSuite](#) for the official Strategic Communication (released 10 October 2020) which includes all nominees as well as detailed overview of the board process.

A hearty congratulations to the winners and all who were nominated. BZ!

USN Senior Military Category: Winner ~ CAPT Dixie Aune



CAPT Dixie Aune is recognized for her contributions over an exemplary and distinguished career as a Navy Nurse in a variety of clinical, operational and executive settings. Recently completing her Doctorate of Nursing Practice (DNP), her list of achievements and diverse assignments is a testament to her lifetime commitment to Military Medicine. In her current role as Chief Nursing Officer for Naval Medical Center Portsmouth, her talent and commitment to the overall mission was demonstrated as she took on the challenging role as the COVID-19 Hospital Incident Command Center (HICC) Planning Chief. Through her diligent leadership and meticulous execution, Naval Medical Center Portsmouth was able to deploy 67% of our inpatient staff to New York City in less than 72 hours, while at the same time preparing to manage a community wide surge of inpatients.

USN Junior Military Category: Winner ~ LCDR Jonathan Hamrick



LCDR Hamrick is an engaged clinical educator, didactic lecturer, and Nurse Corps mentor at Navy Medicine Readiness and Training Command (NMRTC) Portsmouth. He actively contributes and is a voting member of several DoD committees focused on joint operational readiness and leadership in austere environments. As a Navy NC Officer, LCDR Hamrick has four combat deployments, supporting the Marines in Afghanistan during Operating Enduring Freedom, shipboard as part of a Fleet Surgical Team in support of Operation Inherent Resolve and twice in support of Operation Odyssey Resolve. He is an avid supporter of community outreach programs and serves as an executive board member of his local YMCA. He is currently deployed in support of US Forces.

USN Senior Civilian Category: Winner ~ Christine Yuhas, RN



RN Yuhas is a proactive and positive educator, mentor, and change champion for NMRTC Corpus Christi and its branch clinics at Navy Medicine Readiness and Training Units Fort Worth, Kingsville, and NMRTC San Antonio Detachment. She has 35 years of diverse clinical nursing experience and provides the command with invaluable evidence-based best practice, published research, and national resources for guidance. RN Yuhas started out as an EMT-A and has worked to enhance her clinical acumen with significant experiences in Flight, Critical Care, Cardiac Catheterization Laboratory oversight and Level 1 Trauma Nursing. As a previous Regional Flight Director of Base Operations in the states of Texas, Oklahoma, Missouri, and Arkansas, she was directly responsible for managing 1,000 Flight Registered Nurses, Paramedics and Pilots in the timely execution of critical care transports for patients. Her ability to work seamlessly in all of these environments sets her apart from her peers while supporting the Infection Prevention and Control mission of the command.





Certifications

LT Lauren Preston, NMRTC Naples, earned her Obstetric Nursing (RNC-OB) certification.

LCDR Nneoma Lewis, NAVMEDTRASUPPCTR Fort Sam Houston, earned her Trauma Nursing (TCRN) certification.

LTJG Tomi Winston, NMRTC Jacksonville, earned her Maternal-Newborn nursing (RNC-MNN) certification.

LT Rachel Hall, NMRTC Naples, earned her RNC-MNN.

LT Monica Peters, NAVHOSP Guam, earned her Emergency Nursing (CEN) certification.

LT Anna Jarvis, NAVHOSP Rota, earned her RNC-OB and Electronic Fetal Monitoring (C-EFM) certifications.

LT Benjamin Dalton, NMRTC San Diego, earned his Perioperative Nursing (CNOR) certification.

LT Courtney Jamaal Rouse, NMRTC Camp Pendleton, earned his CEN.

LT Melissa Barrera, NMRTC Jacksonville, earned her Pediatric Emergency Nursing (CPEN) certification.

LTJG Rachel Love, NMRTC Jacksonville, earned her CEN.

LT Milton White, NMRTC San Diego, earned his CNOR.

LT CorAngela Andrada, NMRTC Bethesda, earned her CNOR.

LT Joseph Biddix, NMRTC Bethesda, earned his CNOR.

LTJG Cecilia Fosu, NMRTC Portsmouth, earned her medical-surgical nursing certification (CMSRN).

LT Simon Prado, NR, NMRTC San Diego, earned his CEN.

LT Brent Booze, Fleet Surgical Team Eight, earned his CCRN-Adult.

LT Nicole Searcy, USNH Rota, earned her RNC-OB.

LTJG Hyun Kyoung Na, NMRTC Portsmouth, earned his CEN and his 60C AQD for Hospital Ship Deployment.

The Nurse Corps News Team wants to hear from YOU!

If you would like to highlight the amazing things you and your fellow nurses are doing, we want to read about it!

The following are article guidelines to follow:

1 page or less, 12-font, Times New Roman

***Please note: We cannot include personal email links as this is an OPSEC concern. We CAN, however, include links to milSuite sites. Additionally if you reference any publication or presentation, send a link with your submission and we would be happy to include that as well.

Photos are highly encouraged; any photo submitted will need to follow the PAO requirements.

PAO Requirements:

- All photos need captions which include the subject in the photo
 - When and where the photo was taken
 - What the subject is doing in the photo
 - Who took the photo
 - Whether the photo is released for use. The release comes from the Command PAO.
- ***Photos that use badges (PII) will not be used.

Please send us a copy of your official photo as well so that we may publish it with your article. Your article will need to be submitted to the [NC News](#) group.

**Please make sure your article and pictures have
been vetted and approved for release by your command
PAO!**

**Thank you and we look forward to including your article
in our next edition!**

